| D. CHY (II outside corporate limits, give TOWNSHIF only)  1  | ./ N        | 1155         | OUR          | SI D         | IVI.           | SION OF HEALTH - STAN                                 |                                       |   |                       | A                  | 63-037                   |              |                               |
|--|-------------|--------------|--------------|--------------|----------------|---|---------------------------------------|---|-----------------------|--------------------|--------------------------|--------------|-------------------------------|
| NS 300 Rev. 4/59 | DEP.        | MT FA        | AMENDS       | UF P         | JBL(           | Registration District No                              | _Primary Registration                 | n District No. 100                            | Registrar's No.       | 942                | STATE L                  | FILE NUM     | BER                           |
| Description      |             |              | <del></del>  |              | -1-            | 1. PLACE OF DEATH SLP 2 6 1963                        |                                       |   | III .                 | -                  |                          | itution: Re  | esidence before<br>admission) |
| MOSPITAL ON STATE   COLOR ST   |             | '            | l ] ,        |              | ]-             | b. CITY (If outside corporate limits, give TO         | OWNSHIP only)                         | Length of stay in 1b                          | c. CITY               |                    | <del></del>              |              | Inside Limits                 |
| MOSPITAL ON STATE   COLOR ST   |             | KEN I        | ,            |              | 1              | OR  | ••                                    |   | ll OR                 | St.Lou             | น่.ธ                     |              | Yes □XNo □                    |
| 2 10 3 6  3  | 1           | ш            | <b>!</b> ] , |              | [ -            | c. FULL NAME OF (If NOT in hospital, give             |                                       | <b>I</b>                                      | d. STREET<br>ADDRESS  | (If                | f cutside, give location | on) R        | Reside on Farm                |
| 3   3   4   0   0   1   1   1   1   1   1   1   1  | 2 78        |              |              |              | -              | INSTITUTION St. Louis City                            |                                       |   | <u> </u>              |                    |                          |              | Yes D No 🙀                    |
| DOLPHUS  DOL |             |              | TT.          | $\sqcap$     | -              | (Type or print)                                       |                                       |   |                       | OF                 |                          | Day          | Year                          |
| Male White Water Address And State of Country in PART II. If december and the original process of the present of the Country o | 4 🔿         | '   i        |              |              | _              | Dolphu  |                                       |   |                       |                    | September                | 19.          | 1963<br>IF UNDER 24 HR        |
| 10. USJA OCCUPATION Give stand of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPIACE City and state or country 12. CitiZEN OF WHAT COUNTY 13b. MOTHER'S MANIE 15b. MOTHER'S MOTHER'S MANIE 15b. MOTHER | <u> </u>    | ·   i        |              |              |                |   |                                       | -   |                       | 1                  | Months Months            | Days         |                               |
| during grant of volume first relieved  7 / 1000 8 2 130. FATHER'S NAME  Susan Dum  Bessie  15. WAS DECEASE EVER IN U.S. ARRES FORCES?  15. WAS DECEASED EVER IN U.S. ARRES FORCES?  10. ON THORNOUTH OF THE SIGNATURE CONVENIENCE OF COLUMN USE OF THE SIGNATURE CONVENIENCE OF THE S |             | '   '        |              |              | 7              | 10a. USUAL OCCUPATION (Give kind of work de           | done 10b. KIND OF                     |   | 17/20/1077            |                    | country) 12. CITIZ.      | TEN OF W     | HAT COUNTRY                   |
| 13. FATHER'S NAME   13b. MOTHER'S MAIDEN NAME   1c. NAME OF RUSAND OR WHE BESIGN   15. WAS DECEASED EVER IN U.S. ARMED FORCES?   17. INFORMANT   Address   17. INFORMANT   Address   18. CAUSE OF RUSAND OR WHE BESIGN   19. WAS DECEASED EVER IN U.S. ARMED FORCES?   17. EXCULUS ULLUS   17. INFORMANT   Address   18. CAUSE OF REATH WAS CAUSED BY.   19. WAS DECEASE OF REATH OF REATH II.   19. WAS DECEASED BY.   19. WAS AUTOPSY   20a. ACCIDENT SUICIDE HOMICIDE   20b. DESCRIBE HOW INJURY OCCURRED.   Enter nature of injury in PART I or PART II of item 18.   20d. INJURY   20d.   | ·           | MS           |              |              |                | Retired Watchman                                      | d)                                    |   | Gorevill              | le.Ill.            | t                        |              |                               |
| 10   | 7 / 1       |              |              |              | 1 -/           | 13a. FATHER'S NAME                                    |                                       |   | WE                    | 14. 1              |                          | JR WIFE      |                               |
| 10   10   10   10   10   10   10   10  | 8 🔿 📗       |              |              |              | -              | IS WAS DECEASED EVER IN U.S. ARMED FOR                |                                       |   |                       |                    |                          |              |                               |
| 10 00 00 11 12 9 5 0 1 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c)   |             | i⋖∣∣         |              |              | ,              | (Yes, no, or unknown) (If yes, give war or date       |                                       |   |                       | y Elliot           | •                        | rriso        | n Ave-                        |
| INMEDIATE CAUSE (a)    12   15   15   15   15   15   15   15   |             | J            |              | =            | –              |   |                                       | ), and (\$\frac{1}{2} \tau 1)                 | 1                     |                    | 1. 0                     | INTER        | RVAL BETWEEN                  |
| Conditions, if any, which gave rise to gave rise to which gave rise rise to which gave rise represents the document of the torminal PART II. If deceased was fem there a pregnary in last t | 10          | الما         |              | 4            | ř.             |   |                                       | _ Clril                                       | gue 1                 | elle               | flegh                    | 1 Six        | of 12-140                     |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal three a pregnancy in last thre |             |              |              |              | 7              |   | · · · · · · · · · · · · · · · · · · · | <u>,                                     </u> | , -                   |                    |                          | '            |                               |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal there a pregnancy in last there a pregnancy in last there as pregnancy in last there are pregnancy in last | 12 9/5-0    | IS R         | .            | <sup>2</sup> | ٦              | which gave rise to                                    | то (ы) —                              | n. /) . ,                                     | J                     | 7 1/               | W A                      | 1            | 7                             |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease disease disease and the terminal disease d |             | ᄩᄩ           | +            | +-           |                | stating the under lying cause last. DUE               |                                       | www C   | respect               | Alex               | & lesse                  | 4            | <del></del>                   |
| 20c. TIME OF How Month, Day, Year Not White AT WORK   20d. INJURY Occurred   20d. PLACE OF INJURY (e.g., in or about home, p.m.   20d. INJURY Occurred   20d. NOT WHILE AT WORK   20d. Injury Occurred   20d. PLACE OF INJURY (e.g., in or about home, p.m.   20d. Injury Occurred   20d. Not White AT WORK   20d. Injury Occurred   20d. Injury Occurre | 00          | 8            |              |              | Š              |   | NT CONDITIONS Convenin PART I (a)     | ONTRIBUTING TO DEAL                           | TH but not related to | o the terminal     | there a                  | a pregnancy  | y in last 90 days             |
| 20c. TIME OF How Month, Day, Year Not Well and Last State of Matthews Cemetery Or Crematory 126. Place of Injury (State of Injury Occurred at 122c. SIGNATURE 122c. SIGNATURE 122c. NAME OF CEMETERY OR CREMATORY 123c. NAME OF CEMETERY OR CREMATORY 123c. NAME OF CEMETERY OR CREMATORY 123c. Name of Cemetery Matthews Occurred 124c. Funeral Director Address Address 125c. Date Reco. By Local Rec. 126c. Registrary Signature 124c. Funeral Director Address 125c. Date Reco. By Local Rec. 126c. Registrary Signature 126c. Registrary Signatur | /3          | NTS          |              | +            | Š              | [   |                                       |   |                       | 211                | '-                       |              |                               |
| 20c. TIME OF How Month, Day, Year Not Well and Last State of Matthews Cemetery Or Crematory 126. Place of Injury (State of Injury Occurred at 122c. SIGNATURE 122c. SIGNATURE 122c. NAME OF CEMETERY OR CREMATORY 123c. NAME OF CEMETERY OR CREMATORY 123c. NAME OF CEMETERY OR CREMATORY 123c. Name of Cemetery Matthews Occurred 124c. Funeral Director Address Address 125c. Date Reco. By Local Rec. 126c. Registrary Signature 124c. Funeral Director Address 125c. Date Reco. By Local Rec. 126c. Registrary Signature 126c. Registrary Signatur |             | IDME         |              |              | CERTIF         | 19. WAS AUTOPSY 20a. ACCIDENT SL PERFORMED? YES NO ID |                                       | E 20b. DESCRIBE HC                            | OW INJURY OCCURRED    | ). (Enter nature c | ot injury in PART I or   | PART II G    | or irem 18.)                  |
| 20d. INJURY OCCURRED WHILE AT WORK   20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  20d. INJURY OCCURRED WHILE AT WORK   20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  21. 1 attended the deceased from Death occurred at   21. 3 attended the deceased from Death occurred at   22e. SIGNATURE   22e. SIGNATURE   22e. SIGNATURE   22e. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, Iown, or county)   (State Removal (Specify) Removal   9-21-63   Matthews Cemetery   Matthews Moreoval   24. FUNERAL DIRECTOR   ADDRESS   25. DATE RECD. BY LOCAL REG.   26. REGISTRAR'S SIGNATURE   32e. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, Iown, or county)   (State Jackson Funeral Home, Sikeston, Mo.)   SEP 20 1963   1963   1963   1964   1965  | 7           | MEN          |              |              |                | ) · 1   | 1                                     |   |                       |                    |                          |              |                               |
| 20d. INJURY OCCURRED WHILE AT WORK   20e. 9LACE OF INJURY (e.g., in or about home, farm, factory, street, office bidg., etc.)  20d. INJURY OCCURRED WHILE AT WORK   20e. 9LACE OF INJURY (e.g., in or about home, farm, factory, street, office bidg., etc.)  21. 1 attended the deceased from Death occurred at   21. 1 attended the deceased from on the date stated above, and to the best of my knowledge, from the causes state   22e. SIGNATURE   22e. DATE   22e. DATE  | ¥ 0 1       | ▼            |              |              | Ę.             |   | ACE OF INVEST                         | g, in or should have                          | 20f. CITY. TOWN OR    | LOCATION           | COUNTY                   | ,            | STATE                         |
| 21. 1 attended the deceased from Death occurred at Death occurred  | *           | <b>!</b>   , |              | .            |                | WHILE AT WORK   fa                                    | arm, factory, street,                 |   |                       |                    |                          | <b></b>      | <b>6</b>                      |
| Death occurred at 22c. DAT 22b. ABDRESS 22b. ABDRESS 22c. DAT 22c. | E S S       | A A          |              |              |                |   | SUX/1                                 | <u>-63, 10_</u> \$                            |                       |                    |                          | <b>* X Z</b> | Y-1763                        |
| 23a. BURIAL, CREMATION, 23b. DATE  23a. BURIAL, CREMATION, 23b. DATE  Removal Specify 9-21,-63 Matthews Cemetery Matthews.  Removal Specify 9-21,-63 Matthews Cemetery Matthews.  25. DATE RECD. BY LOCAL REG. 26. REGISTRARY SIGNATURE  24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRARY SIGNATURE  35. BURIAL, CREMATION, 23b. DATE  SEP 20 1963 Matthews.  Matthews.  SEP 20 1963 Matthews.  | 8L<br>  RIT |              |              |              |                |   | 1 10:                                 | 32 P-m on 1                                   |                       |                    |                          | _            |                               |
| 23a. BURIAL, CREMATION, 23b. DATE REMOVAL (Specify) Removal (Specify) PROVAL (Specify) Removal (Specify) PROVAL (Specify) PRO | USE<br>YPEW | HOUL         |              | 1 1-         | -              |   | (Degree or title)                     | M.S.  | 4/7                   | - 50               | 3/1                      |              | 22c DATE SIGNED               |
| Jackson Funeral Home, Sikeston, Mo. SEP 20 1963  | <b>i</b>    | <b>├</b>     | +-           | #            | <u>-</u> ا     | 23a. BURIAL, CREMATION, 23b. DATE                     |                                       |   |                       | •                  | h.s.                     | nty)         | (State)                       |
| Jackson Funeral Home, Sikeston, Mo. SEP 20 1963  | İ           | Š            |              |              |                |   |                                       | tthews Cemet                                  | ery                   |                    | NEWS O.                  |              |                               |
|  | į           | EÀ           |              |              | ₹ 7            | 24. FUNERAL DIRECTOR                                  | ADDRESS                               | 25. DA  | TP 9A 40CAL F         | 20.                | and bring                | the          | M. R.                         |
| (Licensed Embalmer's Statement on Reverse Side)  | •           |              |              | 6            | ∞ [ <u>'</u> _ | deckson runeral nome, S.                              | <del></del>                           |   | ment on Reverse Side  | <u> </u>           | MY ATTOM                 | <u> </u>     | <u> </u>                      |

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## STATEMENT BY LICENSED EMBALMER

| or by                                  | , Student Embalmer No     |
|--|---------------------------|
| rorking under my personal supervision. | Signed John Samue         |
| Signature of Student Embalmer          | Licensed Embalmer No. 408 |

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.

ngrain. Bulat

-3- 23-c

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